# **Application Data Sheet**

# **APPLICATION INFORMATION**

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks:	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)	?:: No
Number of Copies of CRF::	
Title::	EXTENDED WORK PROGRAM
Attorney Docket Number::	225265
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	No
Latin Name::	
Variety denomination name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	5.1

# **APPLICANT INFORMATION**

Applicant Authority Type:: Inventor

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Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Anatoly

Middle Name::

Family Name::

Feygenson

Name Suffix::

City of Residence::

Hillsborough

State or Prov. of Residence::

New Jersey

Country of Residence::

US

Street of mailing address::

5 Gulick Court

City of mailing address::

Hillsborough

State or Province of mailing address::

New Jersey

Country of mailing address::

US

Postal or Zip Code of mailing address:: 08844

Inventor Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Mark

Middle Name::

S.

Family Name::

Popolano

Name Suffix::

City of Residence::

Warren

State or Prov. of Residence::

New Jersey

Country of Residence::

US

Street of mailing address::

124 Briarwood Drive West

City of mailing address::

Warren

State or Province of mailing address::

New Jersey

Country of mailing address::

US

Postal or Zip Code of mailing address:: 07059

#### CORRESPONDENCE INFORMATION

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Correspondence Customer Number::

Phone:: (312) 616-5600

Fax:: (312) 616-5700

E-mail Address:: mail@leydig.com

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::

23460

### DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

#### FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

### **ASSIGNEE INFORMATION**

Assignee name::

American International Group, Inc.

Street of mailing address:: 70 Pine Street

City of mailing address::

New York

State or Province of

mailing address::

New York

Country of mailing

address::

US

Postal or Zip Code of

mailing address::

10270

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